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Editorial Comment

This special edition of Prison Service Journal focusses on the issues of trauma and psychotherapy in prisons. The edition is a collaboration between editor, Dr. Jamie Bennett, Matt Wotton, a former senior civil servant and now a qualified psychotherapist, and Dr. Roger Grimshaw, Research Director at the Centre for Crime and Justice Studies.

Trauma is a term that is widely used but in psychotherapy has a particular and specific meaning. While definitions vary, that used by The British Association for Counselling and Psychotherapy is:

*'Emotional and psychological trauma result from stressful events that you experience or witness that crush your sense of security and may make you feel helpless and vulnerable. Trauma can be caused by a one-off event, such as a bad accident, a natural disaster or a violent attack, or from more prolonged or sustained violence or abuse over many years'*¹.

People in prison have often been exposed to traumatic experiences. In her article in this edition, Dr. Alexandria Bradley, from Leeds Beckett University, includes figures that suggest 53 per cent of women prisoners and 27 per cent of men were abused as a child, and that 32 per cent of women and 43 per cent of men in prison experienced 'educational trauma' such as permanent exclusion. While Matt Wotton, in his article on the potential of psychotherapies in prisons, discusses the various estimates of mental ill health in the prison population, and concludes that mental illness is so pervasive that it is 'the defining characteristic of the prison population'. This could be further exacerbated in the context of the coronavirus pandemic. The former Chief Inspector of Prisons, Peter Clarke, argued that the restrictions on regimes, isolation, anxieties about health, separation from loved ones and uncertainty about the future are causing 'irreparable damage' to the mental health of people in prisons².

Given the identification of such stark needs within the prison population, this edition turns to potential solutions, or at least possible approaches to help to ameliorate distress, promote wellbeing and offer opportunities for personal change. What underpins the approaches discussed in this edition is the broad practices of psychotherapy. The UK Council for Psychotherapy (UKCP) describes that these approaches: 'are sometimes called 'talking therapies'. For the most part, this is because they involve talking about an emotional difficulty with a trained therapist. That might be anything from grief to anxiety, relationship difficulties to addiction'³. UKCP goes

on to state that: 'Our psychotherapists and psychotherapeutic counsellors are trained to help you express your thoughts and feelings and explore what comes up when you do. They listen and provide a non-judgmental space so you can feel heard and understood'.

Such simplistic definitions are useful for the lay person to broadly understand the field and practices, but as the contributors to this edition show, there are a variety of approaches and there is a depth to psychotherapy that is glossed over in broad brush definitions. In this edition, an interview with eminent psychiatrist Felicity de Zulueta reveals how practice draws upon personal experience, attuned emotional intelligence and complex clinical, social and moral theory. There is both a science and an art to being an effective psychotherapist.

So what is or what should be available in prisons? Dr Alexandria Bradley offers a rigorous and erudite discussion of 'trauma-informed practice'. This is an attempt to develop an integrated approach encompassing effective screening, staff training, development of policies and practices. Properly implemented, trauma-informed approaches have had positive effects for those who live and work in institutions. Yet, Bradley rightly describes that there is a risk that such innovations are only embraced superficially, with the outcome that: 'The over-use of terminology and under-use of appropriate trauma-informed implementation strategies has resulted in haphazard applications'. The launch of a 'Working with Trauma Quality Mark', by Bradley and the charity One Small Thing, is a positive development, offering a more systematic and externally assessed approach to nurture meaningful trauma-informed practice.

A long standing beacon of psychotherapy in prisons are the democratic therapeutic communities (TC) at HMP Grendon. These have operated for almost sixty years, offering an in depth and effective approach with men who have committed serious offences. In this edition, Richard Shuker, the Head of Clinical Services, who has worked at Grendon for over 20 years, describes the work of Grendon and its relevance to men who have experienced trauma. Shuker describes that Grendon adopts a 'social milieu' approach, in which psychotherapy groups do not run in isolation, but are delivered in a wider context where: 'the way in which social arrangements promote relationships, responsibility and accountability are central to the clinical process'. Shuker pushes further, attempting to draw out specific practices that are a feature of the therapeutic work at Grendon, and could equally be applied in other prisons. Shuker concludes that

1. See <https://www.bacp.co.uk/about-therapy/what-therapy-can-help-with/trauma/>

2. See <https://www.theguardian.com/society/2020/oct/20/covid-prisoner-mental-health-at-risk-of-irreparable-damage>

3. See <https://www.psychotherapy.org.uk/seeking-therapy/what-is-psychotherapy/>

in relation to therapeutic approaches: 'It is evident that their principles have broader relevance beyond the small number of prisons which run as TCs'.

In his impassioned article, Matt Wotton presents: 'both an indictment and a call to action'. He is critical of prisons as places where opportunities to help damaged and dangerous people change are overlooked, and where psychological change is increasingly marginalised as an aspect of the core purpose of imprisonment. Instead, he suggests that greater access to psychotherapy offers a more promising approach that could reduce distress, violence and reoffending. Wotton does not shy away from the difficult issues this raises. Adopting such an approach requires investment. Therapy doesn't come cheaply. Nor does it come easily as a greater focus on therapy would require a shift in the professional power in prisons and the organisational culture. Further, Wotton argues that a shift in public values is required. In particular, he argues that we need to confront the fallacy that therapy is indulgent: 'Therapy is not about being nice to criminals'. Effective therapy is painful and challenging. Wotton argues that the evidence is that the needs exist within the prison population and action is necessary.

As well as a mode of intervention, psychotherapy can be a way of researching and illuminating the lives of people in prison. Dr. Roger Grimshaw's article describes the approach adopted in his 2011 study 'My Story', 'a project which asked a number of young people convicted of grave crimes, now adults, to recount their childhoods not to satisfy curiosity, but instead to shed light on the trauma and violence that disfigured their early lives'. The research methodology and the final report were deeply human documents that attempted to ethically and sensitively enable people to share their own life experiences. This was not done to sensationalise their lives but instead allowed these young people a window out to the world so that they could tell their own story in their own way, and offered the wider community (public, policy makers, practitioners, legislators) a glimpse into the realities of their worlds. The research was conducted in a way that supported and enabled individuals but also challenged conventional assumptions: 'questions emerge about how society and its institutions recognise symptoms of trauma and respond to its manifestations; more critically, the implications of the research strongly contest regimes of denunciation, disempowerment, and isolation of the immature and traumatised'.

There are gaps in this edition, which it is important to acknowledge in this introduction. Psychotherapy has been criticised from a cultural perspective. Black men are more likely to be the subject of secure mental health detention and this disproportionality has led to questions about misdiagnosis and allocation to inappropriate services⁴. This may reflect a range of issues around

unconscious, structural and institutional discrimination, manifested not only in the design of systems and clinical tools, but also in the micro-practices of therapist-client relations. Even a successful institution such as HMP Grendon has had to be open to uncomfortable challenge about its culture in order to become more open and inclusive⁵. There have also been criticisms of psychotherapy from a range of perspectives, popularized by Jeffrey Moussaieff Masson's book *Against Therapy*⁶. Faith in prison-based interventions has been shaken, in particular by the evaluation of the Sex Offender Treatment Programme⁷, which showed little or no impact on re-offending. There is, however, a well-established evidence base for the effectiveness of psychotherapy in a range of settings. Therapy has also been criticised on cultural grounds that by focussing on individuals, psychotherapy ignores the wider cultural causes of trauma (such as racism, gendered violence, inequality) and seeks to place responsibility on individuals rather than the wider social structures that generate harm. There are also political and economic arguments that psychotherapy has become an industry generating significant profits and power for elite individuals and groups.

It is important to acknowledge these critical perspectives and to recognise that they are important in psychiatric discourse. In this edition we nevertheless adopt a broad perspective that there is value to be found in understanding the extent of trauma amongst people in prison and in adopting psychotherapeutic approaches in an attempt to ameliorate harm and promote well-being. We further believe that by viewing prisons through a psychotherapeutic lens, it offers potential to humanise people in prisons, by recognising the painful and damaging experiences that many have survived.

Psychotherapy has the potential not only to benefit individuals but also to nurture a more inclusive society. If society constitutes a violent and harmful environment for so many individuals, it becomes more and more important to consider how to build more positive and responsive pathways of trauma prevention and recovery; such a vision also means looking critically at what our justice system fails to address. Otherwise we may continue to be faced with mountains of unresolved trauma in prisons that are not fully equipped to reduce or contain them.

We hope that this edition will be a valuable resource for people living and working in prisons, policy makers and others with an interest in the field. Our aim is to encourage greater awareness and understanding, and also to support those taking positive action. Together, the contributions in this edition argue that the essence of prisons should not be solely punishment and pain, but instead may be found in recognising trauma and the potential for healing.

4. King, C. (2019). *Race, mental health, and the research gap*. In *The Lancet Psychiatry*. Vol. 6 p.367-8

5. Bennett, J. (2013). *Race and power: The potential and limitations of prison-based democratic therapeutic communities*. In *Race and Justice*, 3(2), 130-143.

6. Masson, J. (1988) *Against therapy: Emotional tyranny and the myth of psychological healing*. New York: Atheneum.

7. See https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/623876/sotp-report-web-.pdf

Viewing Her Majesty's Prison Service through a Trauma-Informed Lens

Dr Alexandria Bradley is a Lecturer at Leeds Beckett University.

Introduction

The behavioural manifestations of trauma can be complex, challenging and emotionally demanding for prison staff. Due to the prevalence and pervasiveness of trauma within Her Majesty's Prison Service (HMPS), it is important to view the experience of individuals in prison and those that work in prisons through a trauma-informed lens. Firstly, the reported prevalence of trauma within the prisoner population is considered. Secondly, this article examines the trauma-informed response from Her Majesty's Prison and Probation Service (HMPS) from a theoretical, practical and policy perspective. In addition, this article highlights that by implementing a robust trauma-informed approach within prisons, this can be beneficial for every individual working and living in prison. Some of the key challenges associated with the implementation of trauma-informed practice (TIP) and institutional transformation are presented in this article. In support of this, brief reflections from doctoral research examining the early implementation of TIP are presented. Finally, future directions are considered for individuals working with trauma and how institutions can evaluate their implementation journey and practice. The 'Working with Trauma Quality Mark' is introduced as a quality assurance model in order to develop trauma practice, whilst providing a mechanism to demonstrate and celebrate aspects of good practice across HMPS.

Working with Trauma in Prison

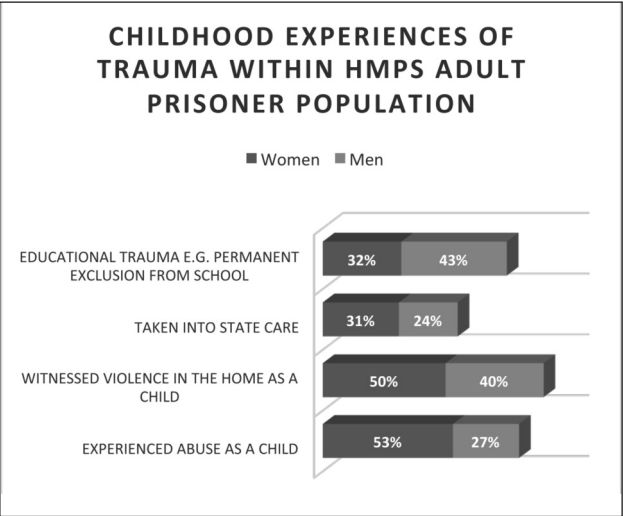
In November 2020, there was a total of 75,581 adult men and 3,251 adult women in prison in

England and Wales¹. These figures become of great significance when exploring the percentages of individuals who report lived experiences of trauma upon arrival to prison. Before exploring the diversity and prevalence of trauma experiences across the HMPS prisoner population, trauma must be defined and outlined. Covington² states that trauma can be any event or experience, which overwhelms an individual's personal capacity to cope, whilst transforming how they see the world. Moreover, trauma experiences are felt on an individual level; they cannot be compared, quantified, measured or hierarchised, due to the distinctive and personalised nature of trauma. To expand on this, SAMHSA³ recognise that an experience of trauma can be singular, multiple or compounding and this will likely result in individual behavioural adaptations due to the impact on a person's social, emotional, mental and/or physical well-being. Academics, policy makers and practitioners are becoming acutely aware that trauma does not equate to extreme examples associated with the medical model. It is societally accepted that trauma can consist of a variety of experiences including sexual violence, domestic abuse, homicide, loss, war (to name just a few examples). Yet, the understanding of trauma is advancing to incorporate experiences such as 'abuse, neglect, abandonment and family separation'⁴. For some individuals, trauma can lead to chronic and lifelong implications⁵, whilst the prison environment and staff responses can play a role in re-triggering survivors and therefore exacerbating trauma⁶. Additionally, prison settings can act as sites of new traumatic exposure, due to routine prison practices such as pat-downs and room searches, which can increase trauma-related

1. Ministry of Justice. (2020) Prison Population Statistics, Available at: <https://www.gov.uk/government/statistics/prison-population-figures-2020>. (Accessed: 30 November 2020).
2. Covington. S. S. (2016) *Becoming trauma-informed: Toolkit for Women's Community Service Providers*. Available at: <https://www.mappingthemaze.org.uk/wp/wp-content/uploads/2017/08/Covington-Trauma-toolkit.pdf>. (Accessed: 4 November 2020).
3. Substance Abuse and Mental Health Services Administration. (SAMHSA) (2014) *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*, Available at: https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf Approach (Accessed: 4 November 2020).
4. Sweeney, A., Clement, S., Filson, B. and Kennedy, A. (2016) 'Trauma-informed mental healthcare in the UK: what is it and how can we further its development?', *Mental Health Review Journal*, 21 (3), pp. 174-192.
5. Cohen, K. and Collens, P. (2013) 'The impact of trauma work on trauma workers: a metasynthesis on vicarious trauma and vicarious posttraumatic growth', *Psychological Trauma: Theory, Research, Practice, and Policy*, 5(6), 570– 80.
6. Bloom, S.L. and Farragher, B. (2010) *Destroying Sanctuary: The Crisis in Human Service Delivery Systems*, Oxford: Oxford University Press.

symptoms⁷, some of which may be impulsive or aggressive and may therefore be challenging to manage within a prison environment⁸.

Figure 1 presents data published by the Prison Reform Trust⁹ which highlights the prevalence of childhood experiences of trauma across the adult prisoner population in England and Wales.



Although this figure highlights known childhood trauma within the prisoner population, it is oversimplistic to focus solely on childhood experiences. Traumatic experiences do not exclusively occur in ‘ideal victim’ influenced assumptions involving vulnerable or neglected children. Trauma can occur in adolescence, adulthood, before prison and during prison. Therefore, the multi-faceted and complex nature of trauma must be taken seriously within the prisoner population. Societal, academic, policy and practical recognition of trauma must move away from stereotypical assumptions, social constructions and expectations of trauma, to enable critical and pragmatic thinking about how best to recognise, respond to and support trauma survivors. One of the most significant challenges when working with trauma, is recognising how trauma manifests within the behaviour of survivors in prison. Trauma has been linked to individuals experiencing self-harm, suicidality, addiction, mental health issues and behavioural issues¹⁰. Coincidentally, these are some of the biggest challenges HMPS faces within prisons¹¹.

Many of the behaviours and manifestations of trauma are challenging to work with; they are metaphorical icebergs. They appear to be one thing, yet underneath the surface, there is a plethora of unseen need. What one practitioner may see as ‘volatile’ or ‘aggressive’, a trauma-informed practitioner will see as a presenting behaviour, masking other emotions and experiences. A transformative way of working with manifestations of trauma can be to simply consider ‘what has happened to that person’, to replace ‘what is wrong with that person’. This supports the recognition that presenting behaviour is not always a reflection of that individuals’ genuine emotions. When working with trauma, it is vital to see the depths and complexities within trauma experiences and manifestations. This is explored from the insights of an addiction specialist below;

‘If you want to ask the question of why people are in pain, you can’t look at their genetics, you have to look at their lives. And in the case of my patients, my highly addicted patients, it’s very clear why they are in pain. Because they have been abused all of their lives, they began life as abused children. All of the women I have worked with over a twelve-year period, hundreds of them, they had all been sexually abused as children. And the men had been traumatized as well; the men had been sexually abused, neglected, physically abused, abandoned and emotionally over and over again. And that’s why the pain... If you want to understand addiction, you can’t look at what’s wrong with the addiction, you have to look at what’s right about it. In other words, what is the person getting from the addiction? What are they getting that otherwise they don’t have?’¹²

To consider trauma within prisons in both a practical and theoretical sense, it is helpful to explore importation and deprivation models. These explore how trauma can be imported into prisons, whilst also acknowledging that the prison environment, culture and experience, can also be the traumatiser.

Importing Trauma

Trauma is imported into prison through the diverse lived experiences of individuals entering custody. We

7. Jervis, V. (2019) ‘The Role of Trauma-Informed Care in Building Resilience and Recovery’, *Prison Service Journal*, 242 pp. 18-25. Available at: https://www.crimeandjustice.org.uk/sites/crimeandjustice.org.uk/files/PSJ%20242%20March%202019_Prison%20Service%20Journal.pdf. (Accessed: 1 December 2020).

8. Kubiak, S., Covington, S.S. and Hillier, C. (2017) ‘Trauma-Informed Corrections’. In Springer, D. and Roberts, A. (Eds). *Social Work in Juvenile and Criminal Justice System*, 4th Edn, Springfield: Charles C. Thomas

9. Prison Reform Trust. (2019) *Bromley Briefings Prison Fact file*, Available at: <http://www.prisonreformtrust.org.uk/portals/0/documents/bromley%20briefings/Winter%202019%20Factfile%20web.pdf>. (Accessed: 30 November 2020)

10. Kubiak et al (2017), see n.8

11. Ministry of Justice. (2016) *Prison Safety and Reform*, Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/565014/cm-9350-prison-safety-and-reform-_web_.pdf. (Accessed: 1 December 2020).

12. Maté, G. (2014) *The Power of Addiction and The Addiction to Power: Gabor Maté Transcript*, Available at: <http://www.singjuipost.com/power-addiction-addictionpower-gabor-mate-transcript/>. (Accessed: 4 December 2020)

are all influenced by the events within our lives, and they, in turn, shape how we experience and construct our view of the world, our feelings of safety. These experiences influence how we trust¹³ individuals and the subsequent relationships that we build. The diversity of imported trauma within the histories of individuals sentenced to prison is infinite. Whilst some survivors will be acutely aware of their lived experiences, and the way in which trauma impacts their lives, relationships and behaviour, there are many individuals who are unable to articulate their experience(s) and recognise the subsequent impact. Additionally, there are many individuals in prison who have experienced compounding and repeated trauma(s) throughout their lives, which may have resulted in tragic acceptance or complete disassociation. In a recent study, trauma disclosed by women in prison was considered intense, distressing and consistent as 'almost without exception, the women's life stories read as catalogues of suffering and abuse, including physical and sexual violence, intimate bereavement and drug and alcohol addiction'¹⁴.

Others may have reached out for help and support before, but were met with a re-traumatising response, where they have not been believed, perhaps they have been ridiculed or blamed for their experience. As a result, many individuals refuse to share their stories again and the consequence is unreported, unrecorded, unrecognised and unsupported trauma importations within prisons. However, the authors argued that 'the narratives of trauma that saturated the women's accounts of life before prison were in some of the men's life histories'¹⁵. However, experiences of sexual violence, poly victimisation and domestic violence were far less common in the lives of men.

Alternatively, it has been acknowledged that men in prison 'have often experienced high levels of physical, sexual, emotional and structural victimization, before, during and after their incarceration'¹⁶. Due to

the prevalence of imported trauma within prisons for both men and women, it is vital that the gendered impact of these experiences is taken seriously by prison researchers, policy makers and practitioners.

Prison Deprivation and Trauma

It is not clear how imported trauma impacts upon the deprivations of imprisonment. However, there is vast sociological imprisonment literature which explores the deprivations¹⁷, mortifications¹⁸, humiliations, identity transformations and adaptations¹⁹ experienced by individuals in prison²⁰. These are multiple, constant and overwhelming for individuals navigating their way through their prison sentence. A helpful consideration relating to individual deprivations is to consider this from a personal and reflective stance: if you were to go

into prison right now, what deprivations would you personally experience and how would your lived experiences influence these deprivations/losses? The importance of this reflection emphasises the person-specific deprivations associated with our distinct circumstances. In addition, the deprivations experienced in prison will occur at various times for individuals serving sentences. Initially,

immediate resources, for example accommodation, employment, children, pets, lifestyles will be lost to the immediacy of being held in custody. However, over time, relationships and contact with family may deteriorate, and there may be bereavements. Therefore, loss in prison becomes commonplace, and the environment enhances the deprivation of adequate and positive coping strategies (e.g. going for a run, talking with loved ones, hugging family, a warm bubble bath etc.) are not possible, readily or immediately available. Research has argued that for those with imported trauma experiences, the adaptations to prison are impacted, and the pains of imprisonment are felt more harshly²¹. One of the challenges associated with

The diversity of
imported trauma
within the histories
of individuals
sentenced to prison
is infinite.

13. Liebling, A. (2009) 'Women in Prison Prefer Legitimacy to Sex', *British Society of Criminology Newsletter*, 63: 19–23.

14. Crewe, B., Hulley, S. and Wright, S. (2017) 'The Gendered Pains of Life Imprisonment', *British Journal of Criminology*, 57, pp. 1359–1378.

15. Ibid

16. Sloan Rainbow, J.A. (2018) 'Male Prisoners' vulnerabilities and the ideal victim concept', in Duggan, M. (ed) *Revisiting the 'Ideal Victim': Developments in Critical Victimology*, pp.263–279, Bristol: Policy Press.

17. Crewe, B. (2011) 'Depth, weight, tightness: Revisiting the pains of imprisonment', *Punishment and Society*, 13 (5), pp. 509–529.

18. Goffman, E. (1961) *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*, New York: Ancor Books.

19. Liebling, A. and Ludlow, A. (2016) 'Suicide, distress and the quality of prison life', in: Y. Jewkes, J. Bennett and B. Crewe (Eds.), *Handbook on Prisons*, Abingdon: Routledge.

20. Sykes, G.M. (1958) *The Society of Captives: A Study of a Maximum-Security Prison*, Princeton, NJ.: Princeton University Press.

21. Bradley, A. (2017) *Trauma-informed practice: Exploring the role of adverse life experiences on the behaviour of offenders and the effectiveness of associated criminal justice strategies*. Doctoral thesis, Northumbria University.

manifestations of trauma relate to prisoners reacting 'in ways that they perceive as self-protective, but that staff will perceive as either hostile or closed off'²². As a result, it can be problematic for staff to associate trauma behaviour with vulnerability rather than noncompliance.

The diverse challenges associated with supporting trauma survivors in prison are well documented, yet exploration of the needs and long-term impact of responding prison staff is largely neglected within academic, policy and practice discussions. Prison officers have prisoner-facing roles in emotionally charged and traumatising environments²³. They are often first-responders to traumatic events such as self-harm²⁴. As a result of the emotional work they conduct and the complexities of working with trauma, they often experience vicarious trauma, emotional detachment²⁵ and depersonalisation to cope with the intensity of the demanding role.

Therefore, an approach is required that can increase support for prison staff, whilst better equipping and resourcing staff to meaningfully respond to the needs of trauma survivors in prison.

Recognising and Responding to Trauma: HMPS Strategic Plans

Policy movements within HMPS have argued that women should be 'supervised/held in trauma-informed conditions and within regimes providing rehabilitative culture where they feel safe and that meet their specific needs, and

which facilitate their successful resettlement'²⁶. In addition, the Ministry of Justice has stated that 'it is essential that from beginning to end the criminal justice system is trauma-informed'²⁷. This is crucial as TIP can also be applied within various criminal justice contexts, for example police, courts, probation and any service designed to interact with and support humans. The breadth of applicability of TIP has seen various destinations defining themselves as being trauma-informed cities²⁸.

Recent policy developments feature TIP as one of four ways to improve custody for women²⁹. The Female Offender Strategy discusses the partnership between HMPS, Lady Edwina Grosvenor and her Charity One Small Thing, who have delivered 'Becoming Trauma-Informed' (BTI) training across the female prison estate since 2015. The purpose of this training is to 'reduce conflict and make the workplace safer for staff'³⁰.

Although BTI or TIP is not mentioned in HMPS' most recent Business Strategy, they both have roots within the overall vision and underpinning principles. Developing TIP within prisons is particularly relevant to the following three HMPS principles:

1. Enable people to be their best;
2. An open, learning culture;
3. Transform through partnerships.

These principles focus on better supporting the well-being of prison staff, learning from good practice, and making use of specialist collaboration for access to collective resources³¹.

Prison officers have prisoner-facing roles in emotionally charged and traumatising environments. They are often first-responders to traumatic events such as self-harm.

22. Kubiak et al (2017), see n.8

23. Boudoukha, A.H., Przygodzki Lionet, N. and Hautekeete, M. (2016) 'Traumatic events and early maladaptive schemas (EMS): prison guard psychological vulnerability', *Review of Applied Psychology*, 66, pp. 181–7.

24. Ibid.

25. Arnold, H. (2016) 'The prison officer', in: Y. Jewkes, J. Bennett and B. Crewe (Eds.), *Handbook on Prisons*, 2nd edn, Abingdon: Routledge.

26. Ministry of Justice. (2018) *Women's Policy Framework*, Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/767304/women_s-policy-framework.pdf. (Accessed: 1 December 2020).

27. Ministry of Justice. (2019) *The Importance of Strengthening Female Offenders' Family and other Relationships to Prevent Reoffending and Reduce Intergenerational Crime*, Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/809467/farmer-review-women.PDF. (Accessed: 30 November 2020).

28. Trauma-Informed Plymouth Network. (2019) *Envisioning Plymouth as a trauma-informed City*, Available at: <http://www.plymouthscb.co.uk/wp-content/uploads/2019/04/Trauma-Informed-Plymouth-Approach-FINAL-April-2019.pdf>. (Accessed: 1 December 2020).

29. Ministry of Justice. (2018) *Female Offender Strategy*, Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/719819/female-offender-strategy.pdf. (Accessed: 1 December 2020).

30. Ibid

31. HM Prison and Probation Service. (2019) *HMPS Business Strategy: Shaping Our Future*, Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/864681/HMPS_Business_Strategy_Shaping_Our_Future.pdf. (Accessed: 2 December 2020).

The broader relevancy of TIP and BTI is particularly important when considering its application and potential impact across the male prison estate. Although the delivery of the BTI programme across the long-term high secure Male prison estate has been in progress since May 2018³², there is little discussion available to consider the impact of potential gender-responsive adaptations or applications. In addition BTI and TIP is yet to be embedded within local and lower category male prisons. During data collection for the trauma-informed doctoral research, a governor at a Local Category B prison pointed to a wall filled with invoices for damaged cells and destroyed prison fabric, emphasising that 'this is what trauma looks like in our prison'. He was referring to the destroyed property and the destructive outbursts of aggressive and overwhelming behaviour that he had witnessed from prisoners who had histories of trauma. In many ways, the manifestations of trauma are multi-faceted and complex; this can result in prison staff having to respond to some challenging and distressing situations.

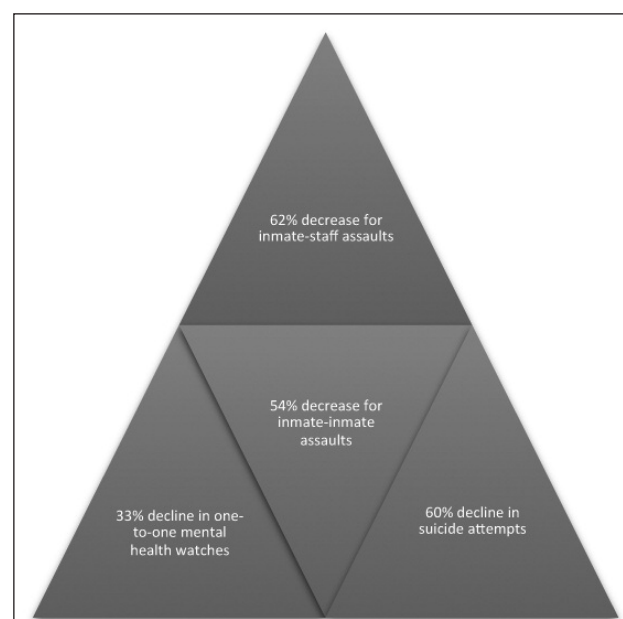
It has been argued that 'if trauma is everybody's business, then no more so than for the prison workforce'³³. This article has highlighted that trauma is an issue within all prisons and should become an expectation rather than an exception. As such, trauma should be a strategic priority for HMPS and the Ministry of Justice, who have the strategic oversight of institutional transformation to support the implementation of TIP.

The Implementation of Trauma-Informed Practice in Prisons

Some of the most successful and longstanding implementations of Trauma-Informed Care and TIP can be seen in the United States Prison System. Well known for its harsher conditions, policies enabling prison staff to use guns, as well as degrading and overcrowded facilities, this notorious institutional system has taken on board aspects of TIP with some promising results. Therefore, for HMPS which incorporates decency and safety as an outcome within the business strategy, implementing and benefiting from TIP is entirely achievable.

Some of the results from the study are presented below;

Figure 2: Results from the Trauma-Informed Institutional Environment: Framingham facility in Massachusetts³⁴.



It is argued that there are three key benefits for prison staff working in a trauma-informed institution:

1. The role of the officer becomes safer;
2. The work environment becomes safer;
3. The rehabilitation programmes have increased effectiveness.

However, for institutions, the benefits of having a trauma-informed workforce are:

1. Increase staff job satisfaction;
2. Reduce turnover of staff (important in prisons due to training resources);
3. Improve relations between staff and prisoners;
4. Increase the recognition and appropriate response to prisoner and staff needs;
5. Reduce prison disciplinary adjudications;
6. Reduce the need for control and restraint techniques;
7. Reduce recidivism rates.

To actively prevent and reduce the likelihood of revictimising, re-traumatising and retriggering individuals in prison, institutions are being supported and trained to apply the five key principles of TIP (Safety, Trust, Choice, Collaboration and Empowerment).

Settings which identify as working in a trauma-informed way will 'demonstrate a commitment to compassionate and effective practices and organizational reassessment, and it changes to meet the needs of consumers with a history of trauma'³⁵. In addition, the setting will be committed to designing the

32. One Small Thing. (2019) *Healing Trauma Research*, Available at: <https://onesmallthing.org.uk/news-1/2019/6/12/healing-trauma-research>. (Accessed: 28 November 2020).

33. Vaswani, N. and Paul, S. (2019) 'It's Knowing the Right Things to Say and Do': Challenges and Opportunities for Trauma-Informed Practice in the Prison Context', 0, 58 (4), pp. 513-534. Available at: https://onlinelibrary.wiley.com/doi/epdf/10.1111/hojo.12344?saml_referrer. (Accessed: 1 December 2020).

34. Benedict, A. B. (2014) *Using trauma-informed practices to enhance safety and security in women's correctional facilities*. Available at: <https://www.bja.gov/Publications/NRCJIW-UsingTraumaInformedPractices.pdf>. (Accessed: 24 November 2020).

35. Substance Abuse and Mental Health Services Administration. (2014) *Trauma-Informed Care in Behavioural Health Services*, Available at: <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4816.pdf>. (Accessed: 1 December 2020).

appropriate institutional, administrative and strategic infrastructure, to initiate, oversee and guide the trauma-informed adaptations to policies and practices. It is estimated that the implementation of trauma-informed approaches within the prison service will require long term administrative and leadership commitment; this can take between 3-5 years to permeate the system, policies and practices³⁶. Therefore, institutional consistency, patience and commitment are required to avoid implementation fatigue and continue to progress.

The original innovators in implementing TIP suggest that there are several steps necessary for a trauma-informed system of care³⁷. Below are examples which suit the context of the prison estate.

1. Administrative Commitment to Change:

There needs to be an integration of trauma knowledge within the institution's response and approach to supporting individuals. At every level of staffing, everyone will be asked to see the institution through a trauma lens, meaning that interactions, service delivery and practice will take into consideration trauma knowledge and reflective practice, such as regular walkthroughs of environments. At this stage, the acknowledgement and implementation of TIP could become part of HMPS' business strategy and vision. This would demonstrate intention and commitment to resourcing and prioritising the longevity of the implementation.

- 2. Universal Screening:** It is argued that the act of asking about trauma can lead to more thoughtful referrals, whilst beginning a process of institutionalising trauma within discussions. There is a need to reduce the stigma associated with trauma, where openness can flourish. Importantly, by the Prison Service screening to identify trauma histories, this helps to identify individuals who need support and to respond to those needs accordingly.

- 3. Training and Education:** Staff at every level of the institution, regardless of role, should receive training and information about trauma. Specialised training can be tailored and provided depending on the needs of the staff. This emphasises the institutional commitment to transforming the culture towards BTI. Training should also focus on supporting, prioritising and emphasising staff wellbeing and development.

- 4. Hiring Principles:** HMPS could hire staff who possess a basic knowledge of trauma during recruitment. The knowledge of trauma should be embedded within hiring practices. This can include hiring or promoting individuals into roles such as 'Trauma Champions³⁸', who can become an institutional lead for trauma-informed approaches and can follow-up on the implementation progress.

- 5. Review of Policies and Procedures:** HMPS could consider how trauma knowledge can be embedded within a policy and documentation review. For example, Prison Service Instructions and Prison Service Orders should contain trauma terminology. The process of reviewing policies and procedures through a trauma lens will enable prisons to evaluate current practices that could re-traumatise individuals in custody, or practices which ineffectively support the needs of prison staff.

These are very broad and simplistic examples; however, they emphasise some essential elements for institutions to consider when considering BTI. Over the years of conducting trauma research in prisons and community services, it is evident that many individuals misuse the term trauma-informed. Academics, policy makers and practitioners consistently neglect and underestimate the complexities involved within the implementation of TIP. This has resulted in trauma-informed becoming an elastic term whereby services can appear on the surface to be responsive, demonstrating innovation to key stakeholders, whilst claiming to be delivering good practice. However, the over-use of the term, combined with an inadequate or apathetic commitment to implement TIP, further diminishes the value of such an approach for both staff and survivors.

In September 2015, One Small Thing, in partnership with Dr Stephanie Covington, began to deliver training sessions within the criminal justice system. Initially, leaders and senior decision-makers were invited from prisons, probation, health and third sector organisations. Between September 2015 and September 2016, a selection of policy makers, prison staff from the female prison estate, and women's community service providers received BTI training. After the completion of training sessions, follow-up training workshops were provided. In June 2017, prison staff training began in the long-term high security male estate, whilst on-going consultation and implementation occurred in the female estate³⁹. One Small Thing outline that 3787 prison staff and 404

36. Kubiak et al (2017), see n.8

37. Harris, M. and Fallot, R.D. (2001) *Using Trauma Theory to Design Service Systems*, San Francisco: Jossey-Bass.

38. These are already embedded within some HMPS prisons.

39. Bradley (2017) see n.21